

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	L T		2-4-00
O.I.P.E. CLASSIFIER	HP		2-4-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1 ✓	30
2 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy